

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90002 037 ****61.25

001731

DOCUMENT # N98000002610

1. Entity Name

THE EVA J. DIXON EDUCATIONAL FUND, INC.

(WR)

Principal Place of Business

**539 JOHNS PASS AVE
 MADEIRA BEACH FL 33708-2368**

Mailing Address

**539 JOHNS PASS AVE
 MADEIRA BEACH FL 33708-2368**

A0081414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3513473

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, ETHEL
 1100 PONCE DE LEON BLVD 4048
 CLEARWATER FL 33756**

Barbara M. Ahigian
*539 Johns Pass Ave,
 Madeira Beach, FL 33708*

Name *Barbara M. Ahigian*
 Street Address (P.O. Box Number is Not Acceptable) *539 Johns Pass Ave,
 Madeira Beach, FL*
 City *Madiera Beach* FL Zip Code *33708*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Barbara M. Ahigian*
 Signature, typed or printed name of registered agent and title if applicable.

Secy/Treas/Barbara M. Ahigian 8/7/01
 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	AHIGIAN, BARBARA M	
STREET ADDRESS	539 JOHNS PASS AVE	
CITY-ST-ZIP	MADEIRA BEACH FL 33708-2368	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEATOR, ALICE	
STREET ADDRESS	6650 SUNSET WAY #215	
CITY-ST-ZIP	ST PETERSBURG FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAYSOR, VIRGINIA	
STREET ADDRESS	6920 FIFTH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, ETHEL H	
STREET ADDRESS	1100 PONCE DE LEON BLVD 4045	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORN, IDA M	
STREET ADDRESS	17030 FIRST AVE N NO.	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	<i>Harold Rejmer, Director</i>	<input type="checkbox"/> Delete
NAME	<i>Harold Rejmer</i>	
STREET ADDRESS	<i>553 Claire Lane (Rymer)</i>	
CITY-ST-ZIP	<i>Orange Park, FL 32073</i>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Barbara M. Ahigian* Secretary/Treas 8-7-01 727-392-3263

CR2E037 (5/01)